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CONFIRMATION NO. 8089

<b>SERIAL NUMBER</b> 10/625,503	<b>FILING OR 371(c) DATE</b> 07/22/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3733	<b>ATTORNEY DOCKET NO.</b> ACM 349
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**APPLICANTS**

Randall J. Huebner, Beaverton, OR;  
 David G. Jensen, Troutdale, OR;  
 Herbert Respass, Portland, OR;

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/398,075 07/22/2002 and claims benefit of 60/484,262 06/30/2003 *OK*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 12/01/2003**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OR	SHEETS DRAWING 4	TOTAL CLAIMS 40	INDEPENDENT CLAIMS 4	
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>			

**ADDRESS**

23581

**TITLE**

Bone fusion system

<b>FILING FEE RECEIVED</b> 1346	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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